

MINNESOTA BOARD OF PHARMACY
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PRECEPTOR REGISTRATION RENEWAL

Please print all information clearly

Name: _____ License No.: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

PRECEPTOR SITE:

Site Name: _____ License No. (If applicable): _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Preceptors are required to provide time for the purpose of helping the intern meet the competencies of the internship requirement. Do you agree to do this?

Yes No

FOR REGISTRATION RENEWALS

You must complete at least one hour's worth of CE, specifically for preceptors, provided by or approved by the Board within the past 24 months.

Please sign below ***and*** send in proof of completion of a CE program that meets the above requirement (e.g. certificate of attendance).

Preceptor's Signature

Date